

# **The Evidence-based Way to Wellness: Let's Go With What We Know**

CalPERS Health Benefits Committee

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# We Know That Health Care Involves:

## The 4 Ps

- **P**atients
- **P**roviders
- **P**urchasers
- **P**ayers

*These are not mutually exclusive*

## Quality Care (STEEEP)

- **S**afe
- **T**imely
- **E**ffective
- **E**quitable
- **E**fficient
- **P**atient-Centered

As defined by the Institute of Medicine

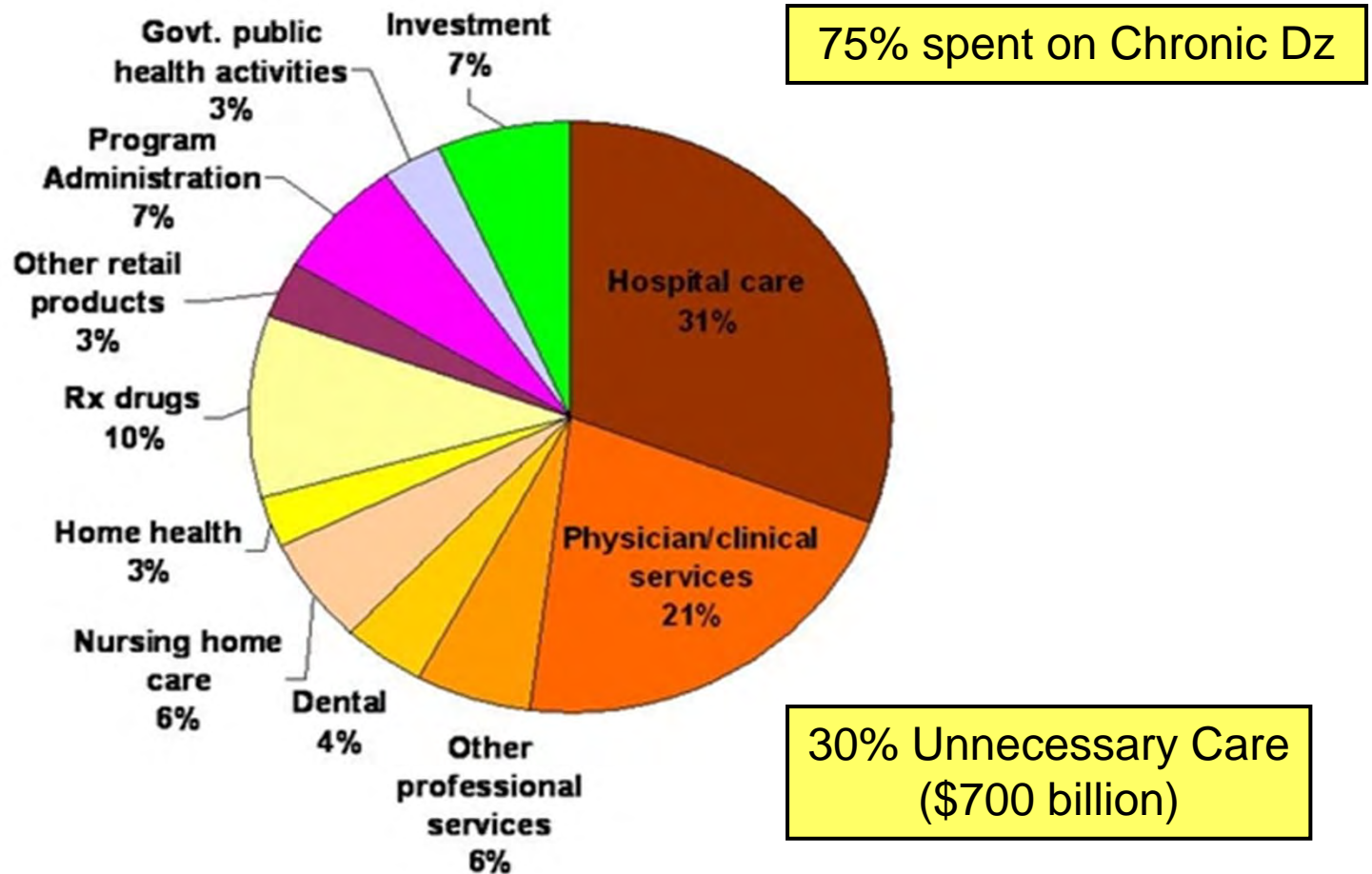
# We Know the Hard Facts About Health Care in the US

- The US is ranked:
  - **1<sup>st</sup> in the world** in spending per capita for health care\*
  - **37<sup>th</sup> in the world** in health care system performance and related outcomes\*
- Best quality health care in the US; a lot of mediocre and poor health care too
- The current health care system is not financially sustainable

**\*Reference:**

Christopher J.L. Murray, M.D., D.Phil., and Julio Frenk, M.D., Ph.D., M.P.H., N ENGL J MED 2010; 362:98-99  
([www.nejm.org/doi/full/10.1056/NEJMp0910064](http://www.nejm.org/doi/full/10.1056/NEJMp0910064))

# US Health Care Expenditures in 2008 = \$2.3 Trillion

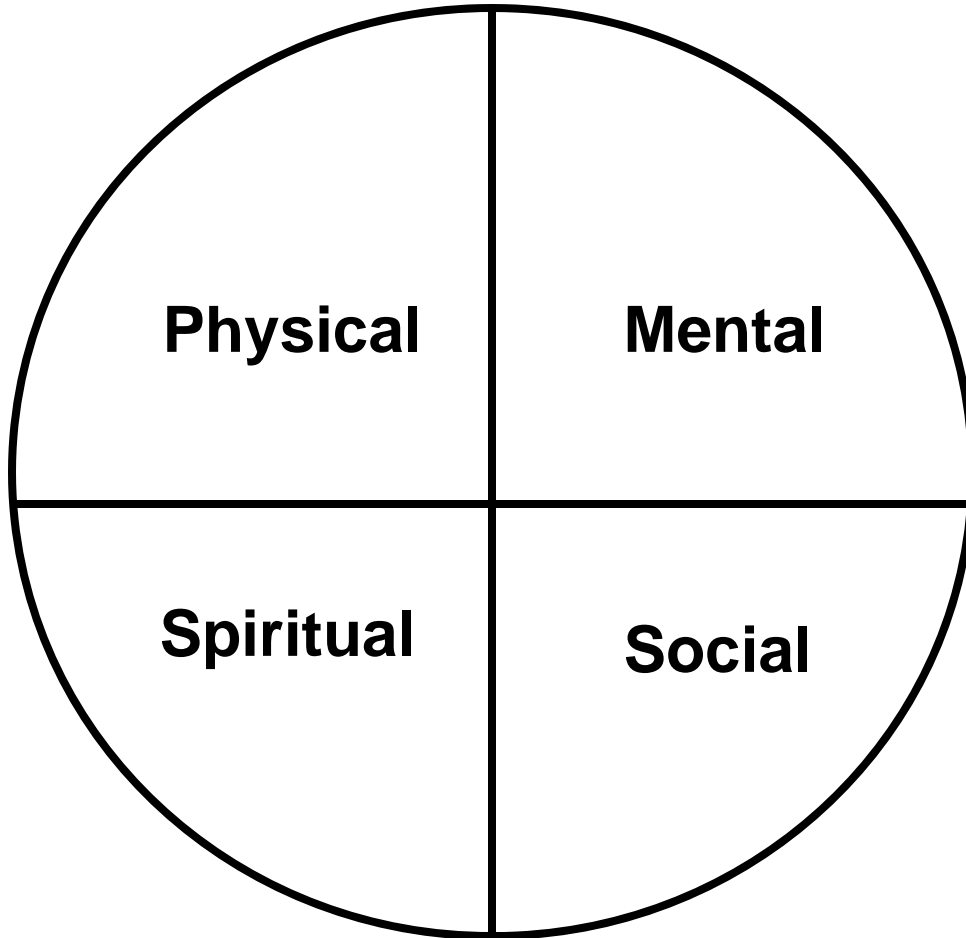


# We Know the Three Main Causes

- Failed processes for reliably **providing** quality
- Failed processes for rationally **paying** for quality
- Failed processes for predictably **purchasing** quality
- Employees and Employers are especially affected
  - Average Annual Family Coverage Premium rose 9% to \$15,073 in 2011  
Kaiser Family Foundation
  - Underuse, Misuse, Overuse, and poor quality of health care services
  - Not using Evidence-based Medicine and best practices are major reasons for excessive waste and costs of health care in the US

***We need a Wellness-Promoting Health Care System  
in the US that utilizes Evidence-based Medicine in an  
Effectively Integrated Delivery System***

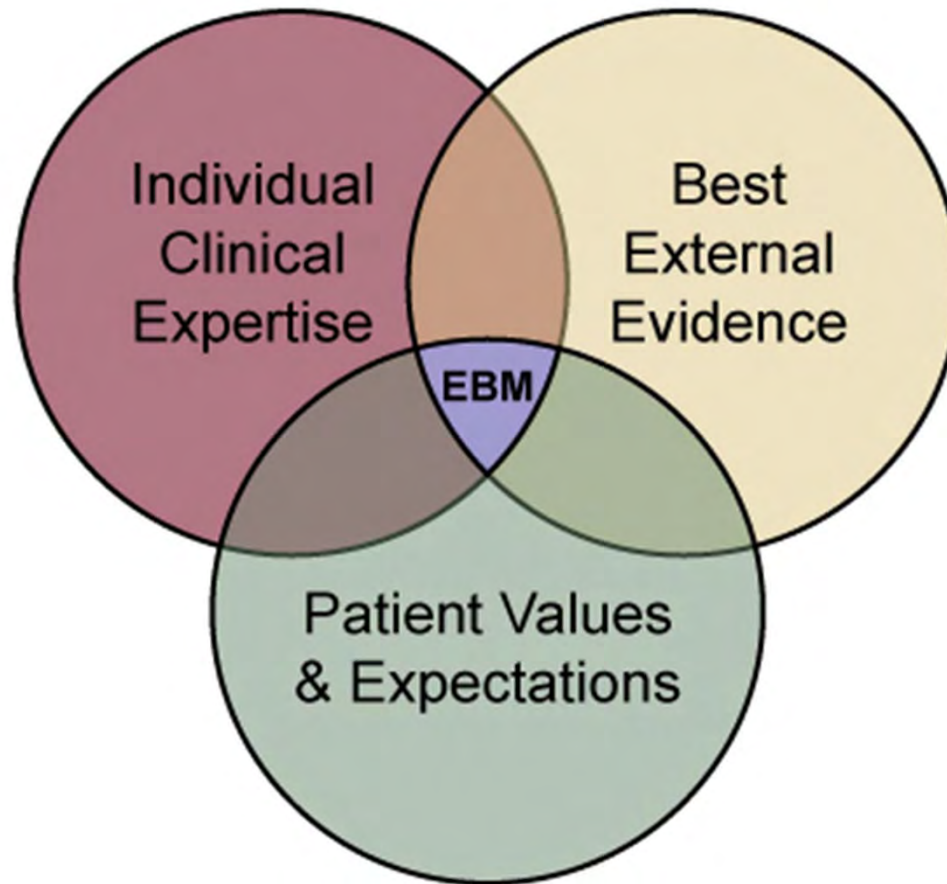
# Well-balanced Wellness Wheels



# **Evidence-based Care is Essential for Optimal Wellness & Chronic Dz Mgmt.**

- Evidence based medicine has been defined as:  
"the integration of best research evidence with clinical expertise and patient values" (Sackett, 2000)
- Advocates use of up-to-date "best" scientific evidence as the basis for making medical decisions
  1. Most objective way to determine and maintain consistently high quality and safety standards in medical practice
  2. Can speed up the process of transferring clinical research findings into practice
  3. Has the potential to reduce health-care costs significantly

# What Know that Evidence-based Medicine (EBM) Is The Way To Go...



***...But There Are Challenges...***



# Challenges of Practicing EBM



200 MB capacity\*

↔  
GAP



- 150,000 articles/month\*\*
- 120,000 RCTs/ year\*\*\*
- 20,000 biomedical journals
- 500,000 indexed in PubMed annually\*
- 2,618 active performance measures
- 231 active P4P measures
- >100,000 genetic tests over next few years

\*\*Ann Intern Med 2001;135:309-12

Source: J Med Internet Res 2005;7(1):e5

# Clinical Decision Support Adoption

**75%** of decision support interventions **succeed** **when the information is provided to clinicians automatically**, whereas none succeed when clinicians are required to seek out the advice.

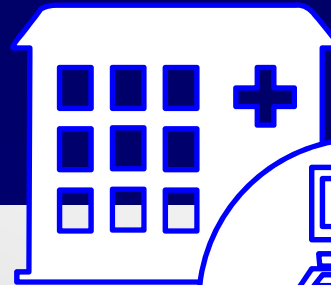
# Information Integrated Into Workflow



*"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."*

# Care Continuum Consistency

Clinical Integration



Hospital  
EHR



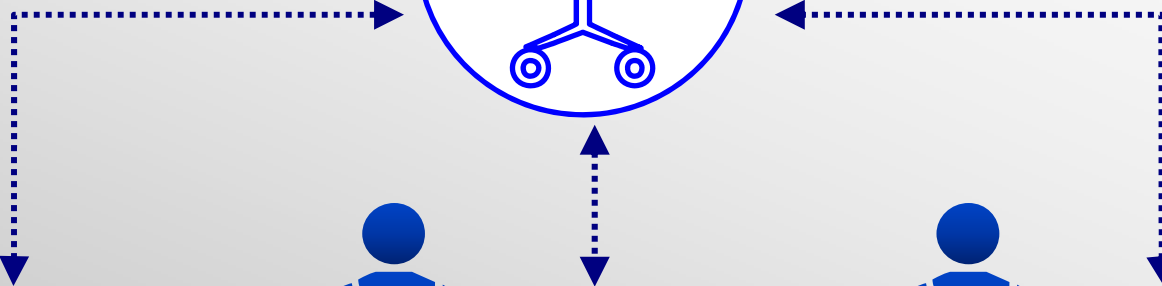
Physician office



Urgent Care

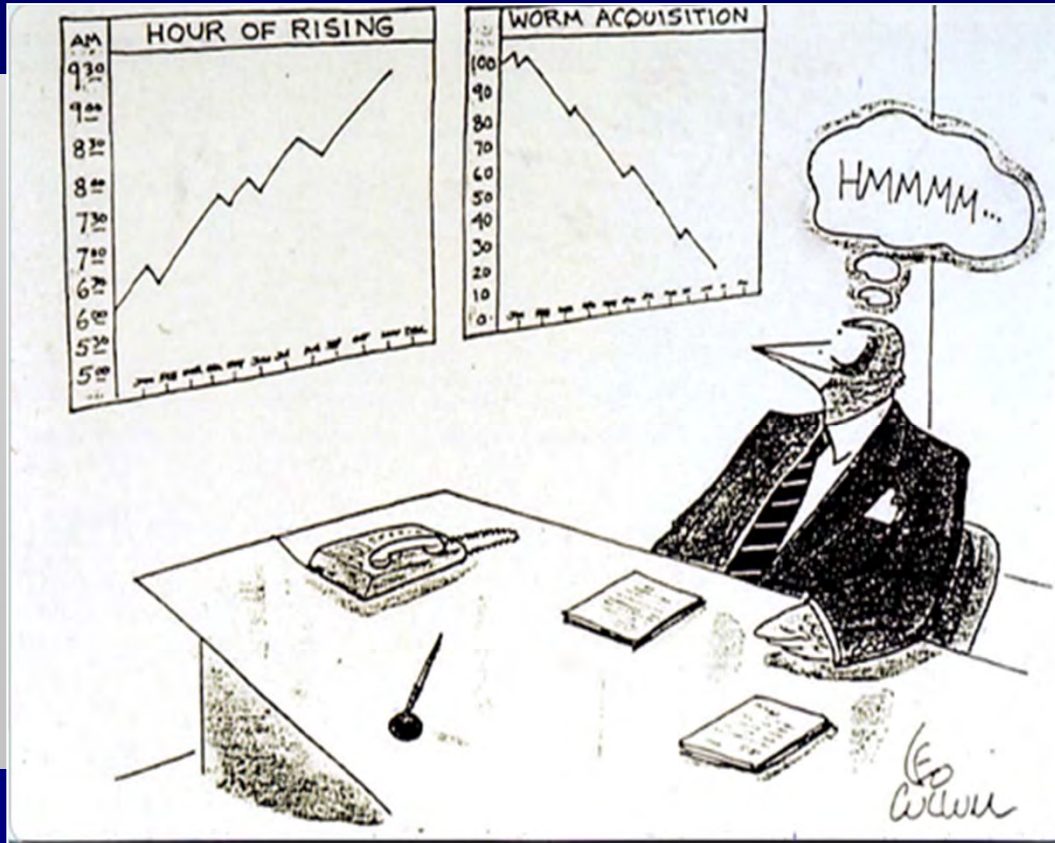


Long-Term Care  
Facilities





# Add Supporting Evidence



**Inclusion of  
Evidence-  
Based  
Processes**

# Opportunities to Optimize CDS

Module	Average	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I
Asthma	75%	70%	70%	80%	n/a	80%	n/a	n/a	n/a	n/a
COPD	63%	75%	50%	88%	44%	56%	n/a	n/a	n/a	n/a
CAP	63%	78%	56%	56%	67%	67%	89%	43%	43%	71%
Module	Average	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I
Heart Failure – Systolic	71%	88%	75%	60%	45%	88%	83%	80%	50%	70%
AMI	80%	100%	82%	77%	64%	81%	77%	n/a	n/a	n/a
UA	85%	88%	70%	80%	70%	100%	100%	n/a	n/a	n/a
CABG	63%	67%	67%	83%	n/a	58%	42%	n/a	n/a	n/a
PCI	69%	78%	78%	80%	33%	78%	67%	n/a	n/a	n/a
Diabetes	53%	n/a	67%	33%	67%	50%	50%	n/a	n/a	n/a
THR	64%	n/a	n/a	91%	64%	73%	64%	n/a	n/a	n/a
TKR	64%	n/a	n/a	79%	57%	86%	64%	n/a	n/a	n/a

# The Business Case for Quality Using EBM

## HEDIS Business Case for Quality

- GM saving **\$350,000 annually per plant** due to reduced absenteeism
- Canadian Health Care plan saved **\$6 million in 6 months** by restricting over usage of costly stomach protective drugs – similar results in Seattle HMO
- Large HMO saw **> 30% reduction** in over usage of technologies (eg, imaging studies, diagnostic tests)
- Seattle HMO **saved \$500,000/yr** (600,000 covered lives) on women with dysuria by dec unnec visits, labs, and meds
- For every 1% reduction in a diabetics Hgb A1c there was a **\$400 - \$4000 savings per patient per 3 year** time period
- Significant cost savings in anti-depressant and anti-hypertensive drug therapy

# Health Plan Employer Strategies 2012-2014

Towers Watson Health Care Trend Survey (2011)

- **Offer account-based health plans (ABHP) - 17%**  
intend to add this plan design in 2013 or 2014, which would result in 74% of employers offering an ABHP
  - A plan with a deductible offered together with a personal account (health savings account or health reimbursement arrangement) that can be used to pay a portion of medical expenses not paid by the plan. ABHPs typically include decision support tools that help consumers better manage their health, health care, and medical spending
- **Use value-based benefit designs (49%)**
  - Explicit use of plan incentives to encourage enrollee adoption of healthy lifestyles, and appropriate use of high-value services and high-performance providers that adhere to evidence-based treatment guidelines



# Health Plan Employer Strategies 2012-2014

Towers Watson Health Care Trend Survey (2011)

- Increase use of preferred networks (58%)
  - Performance-based payments: Under this arrangement providers are rewarded for meeting pre-established target metrics for cost-effective efficient delivery of health care services
- Substantially reduce the health care benefit value of active employees (47%)
- Reduce employee health care contributions for lower-paid workers (57%)

# Health Plan Employer Strategies 2012-2014

Towers Watson Health Care Trend Survey (2011)

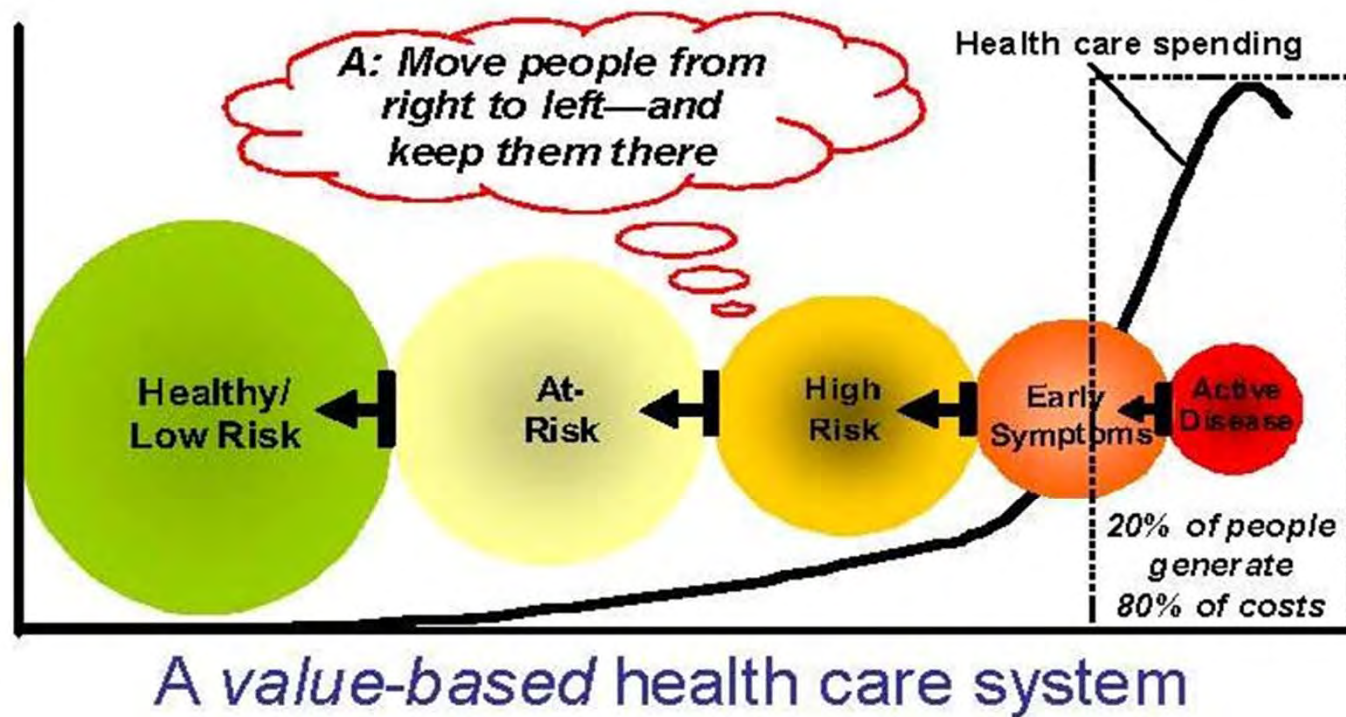
- 57% of employers are considering rewarding or penalizing employees based on biometric outcomes (versus 8% today)
- 44% of employers currently use or are considering using social media tools to impact employee health and well-being (vs. 14% today)
- 26% currently support or are considering supporting employee health management with the use of online games (vs. 9% today)

**Case Studies: All use EBM guidelines & protocols as a key part of the employee health benefits program**

- Bellin Health
- Virginia Mason
- Cerner Corporation
- United Health Care
- Leap Frog Group
- Dow Chemical
- Palmetto Health
- Boeing
- Microsoft
- QuadMed
- Intel

**This is all about better health care  
population management across the  
continuum of care that promotes  
*WELLNESS***

## The Impact of Improvement: What is the System Supposed to Do?



Source: HealthPartners

# **Bellin Health, Green Bay, WI**

- Integrated Delivery System Model
- Focus on Employers' & Employees' Needs
- “Total Health” model:
  - Leadership & Culture
  - Health Knowledge
  - Health Advancement
  - Productivity Enhancement
  - Health Navigation
- Reduced health plan benefits costs by \$3.4 million in the first year of implementation

# Phases: Awareness & Engagement

- Phase I: Awareness
  - Raised awareness of health issues
  - Maintained premium cost
  - Raised deductibles
  - Financial incentive for participation in Health Risk Assessment
- Phase II: Engagement
  - Premium incentives for employees at risk per HRA appraisal
  - Incentive to utilize key resources (Health Coaches & PCP utilizing EBM)
  - Included family members

# Phases: Accountability & Promote Culture

- Phase III: Accountability
  - Premiums rated by employees' improvement on HRA
  - Dollars linked to preventive PCP visit
  - Employee classes called “Get Ready for Your HRA”
  - Extension of medical home into the workplace
- Phase IV: Promote Culture
  - Culture of health awareness, engagement and accountability
  - Weight loss programs & “Healthier Choices” on cafeteria menu
  - Competition (5K/10K runs, walkathons, bikathons, marathons...)
  - Reimbursement for utilizing fitness centers
  - 10x month get 100% dollars back
  - Focus on “Keeping the healthy...healthy”

# An Integrated Health Care Delivery Model Utilizing EBM

- Benefit & Program Design: Differential co-pays (based on HRA, **EBM compliance**, & spend)
  - 2\$ week for reducing weight, 8\$ week for stop smoking
  - Employee contributions = value of plan
- Payment & Contracting: Bundled payment, payment to PC, or P4P (**based on quality of care per EBM standards**)
- Primary Care Services: MD, RNs, On-site, chronic care mgmt, mental health integration, complex pt identification – **Utilize EBM protocols and therapies**
- Health & Wellness: Health Coaching
- Relies on Constant Measurement & Data Analysis: Tracking spend & compliance with **Evidence-based standards**
  - Often challenging to get 3<sup>rd</sup> party data



# Questions & Comments

